

## Provider Job Aid: Setting Up your Direct Deposit

As a benefit of the Provider Portal, payments for Subsidized Child Care Assistance (SCCA) will be issued to Provider bank accounts by direct deposit.

- Payments will be based on attendance rosters Providers submit through the Provider Portal.
- Payments will be released on the 15<sup>th</sup> of each month, although it may take up to the 20<sup>th</sup> for Providers' banks to process the payments.
- Payments will be issued by direct deposit processor FIS Merchant Services.

All Providers are required to set up direct deposit with FIS Merchant Services. To do this, Providers should complete the steps below during their first month participating in Subsidized Child Care Assistance. This will require use of a computer with internet access and a printer. **Providers should keep a copy of their Provider Agreement for their files.**

1. Providers should set up a bank account for direct deposit if they do not already have one. [Providers should be able to use any bank account that follows Automated Clearing House (ACH) standards, which should be most any account, personal or business, checking or savings.]
2. Providers should enroll in Subsidized Child Care Assistance through the Provider Portal: <https://providerportal.nc.gov/NavigatorS/logon.jsp>. Then, at least one business day later, Providers should contact FIS at 800-894-0050 to request their Unique Provider Location ID.
3. Providers should go to the FIS website ([www.ebtEDGE.com](http://www.ebtEDGE.com)) to complete their direct deposit Provider Agreement online or download and print the agreement to complete offline. (To receive a copy of the agreement by US mail, Providers may call 800-894-0050.)

a. At [www.ebtEDGE.com](http://www.ebtEDGE.com), click on "Provider Login" (shown below with notes in red).

b. Choose to complete the agreement online by clicking on "Complete your contract or register online now" **or** choose to complete the agreement offline by clicking "SCCA Provider Agreement" (shown below with notes in red).

c. If completing the agreement online, follow the prompts, providing the requested information, and disregard the additional steps below. If completing the agreement offline, print the agreement and follow the additional steps below.

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- b. Complete Page 1 of the agreement (shown below with notes in red).

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c. Complete Page 2 of the agreement (shown below with notes in red).

<b>Operations Contact</b>	
Operations Contact Name*	Phone No.
Operations Contact Email*	Fax
<b>Emergency Phone Numbers*</b>	
Operations Contact Home Phone No.	Cell Phone No.
<b>Chain Store Information (only if applicable)</b>	
Chain Store?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Name of Chain:
Chain Contact Name & Phone	
<b>PROVIDER INFORMATION—2</b>	
<b>Provider Locations</b> (Provider to complete, provide on a separate sheet or electronically if needed.)	
<b>Provider Location ID</b>	<b>Location Address(es)</b>

**VERY  
IMPORTANT**

This will be a person FIS may contact for issues processing payment

Complete this section if Provider chain or group will use one bank account / direct deposit for several facilities (Provider Location ID is unique Provider Location ID)

d. Complete Page 3 of the agreement (shown below with notes in red).

**\* Required information**

**Bank Routing Number\***

**Provider's Bank Account Number\***

**Provider Hours\***

Open 24/7? ☐ Yes ☐ No: Provider hours below

	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Time Zone

**ATTACH VOIDED CHECK OR DEPOSIT SLIP ABOVE**

Attach voided check / deposit slip as instructed and enter routing and account numbers in these boxes

Providers' hours are needed in case FIS must contact them about payments



Providers should make a copy of their completed agreement for their records. **It is essential that Providers keep a copy of their agreement if they wish to register on the FIS website.**

**Note:** Providers should call 800-894-0050 if they have any questions during the direct deposit setup process. Once complete, Providers will be all set to receive direct deposit payments for SCCA.

5. Providers should send the completed agreement to FIS.

a. **Fax** the completed, signed agreement to FIS at 414-341-7085 (secure fax line)

**...or mail it to...**

FIS Merchant Services  
Attn: Merchant Services  
PO Box 290  
Milwaukee, WI 53201-0290



Providers will know that FIS has received and processed their agreement because they will receive a letter of confirmation from FIS, typically within two to four weeks.

6. After receiving notification that FIS has received and processed their agreement, Providers should register on the FIS website ([www.ebtEDGE.com](http://www.ebtEDGE.com)) to review transaction information after payments are made.

a. At [www.ebtEDGE.com](http://www.ebtEDGE.com), click on “Provider Login” (shown below with notes in red).

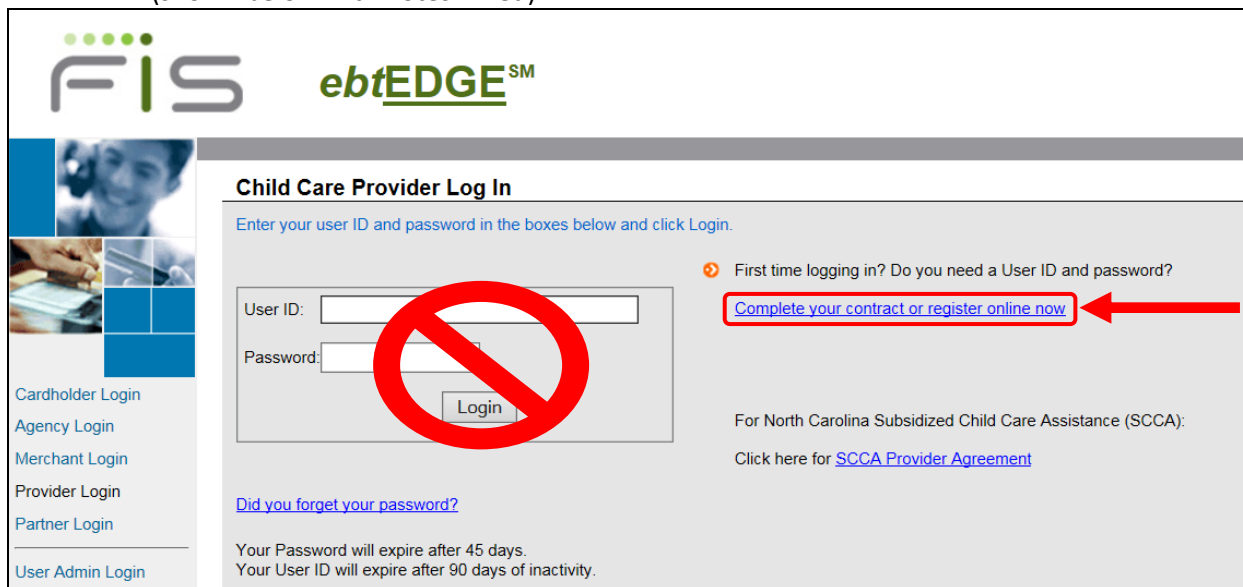
The screenshot shows the FIS ebtEDGE website. The header includes the FIS logo and the text "ebtEDGE<sup>SM</sup>". Below the header, a message states: "ebtEDGE<sup>SM</sup> offers you direct access to the EBT information you need. Choose your EBT group below and click More Information." The main content area is divided into several sections, each with a list of options and a "More Information" link:

- EBT Cardholders**
  - View the balance on your EBT card
  - Review your transactions
  - Read helpful hints
  - [More Information](#)
- Florida Cardholders / Titulares de Tarjetas en la Florida / Tout moun ki gen kat nan etat floride yo>**
  - View the balance on your EBT card
  - Review your transactions
  - Read helpful hints
  - [More Information](#)
- Agency**
  - Access EBT services
  - View your EBT reports
  - Access EBT documentation
  - and more ...
  - [More Information](#)
- EBT Merchants**
  - View your EBT reports
  - Access EBT documentation
  - Clear vouchers
  - and more ...
  - [More Information](#)
- EBT Partners**
  - Clear vouchers
  - Access EBT services
  - Access EBT documentation
  - and more ...
  - [More Information](#)
- Child Care Providers**
  - View your deposits
  - View your transactions
  - Access documentation
  - [More Information](#)

On the left side of the page, there is a vertical menu with the following options:

- Cardholder Login
- Agency Login
- Merchant Login
- Provider Login** (highlighted with a red box and a red arrow pointing to it)
- Partner Login
- User Admin Login
- About EBT
- USDA - FNS
- MACHA

- b. After clicking on “Provider Login”, click on “Complete your contract or register online now” (shown below with notes in red).



**Child Care Provider Log In**

Enter your user ID and password in the boxes below and click Login.

User ID:

Password:

Login

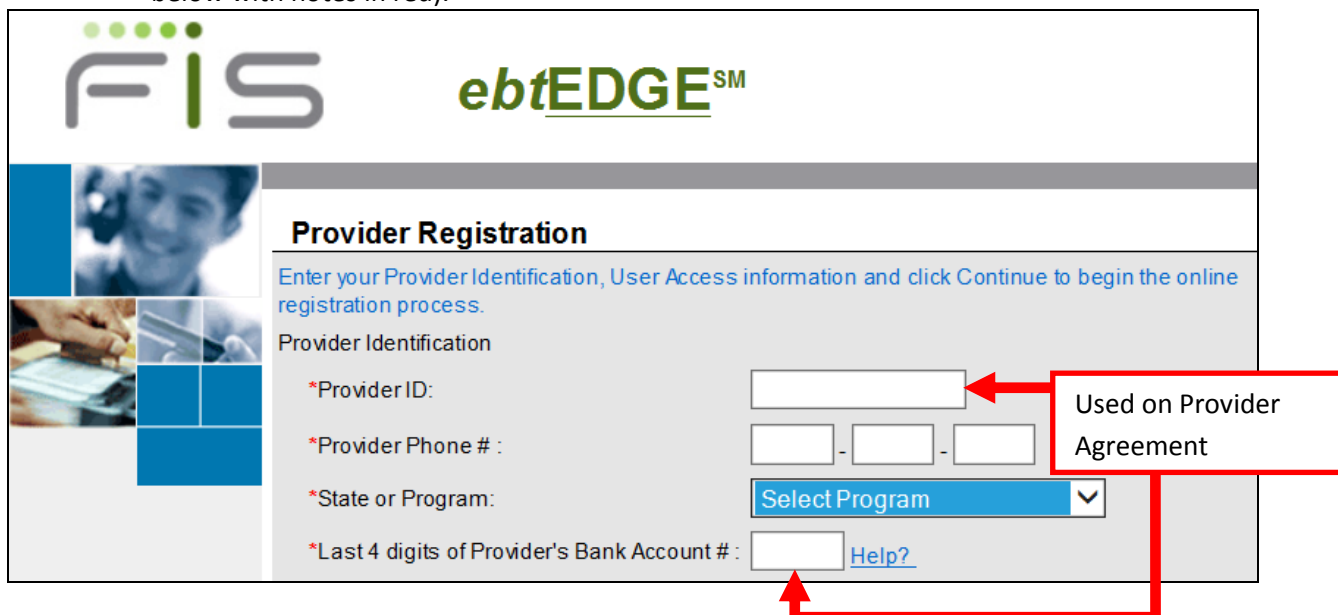
First time logging in? Do you need a User ID and password?  
[Complete your contract or register online now](#)

For North Carolina Subsidized Child Care Assistance (SCCA):  
 Click here for [SCCA Provider Agreement](#)

[Did you forget your password?](#)

Your Password will expire after 45 days.  
 Your User ID will expire after 90 days of inactivity.

- c. Complete all fields on the “Provider Registration” webpage, then click “Continue” (shown below with notes in red).



**Provider Registration**

Enter your Provider Identification, User Access information and click Continue to begin the online registration process.

Provider Identification

\*Provider ID:

\*Provider Phone # :  -  -

\*State or Program:

\*Last 4 digits of Provider's Bank Account # :  [Help?](#)

Used on Provider Agreement

User Access

\*User ID:

(User ID must be an email address; sample: John\_Doe@provider.com)

\*Re-enter User ID:

\*Password:

(Passwords must be at least 8 characters but no more than 14 characters long and must contain at least 1 number, at least 1 lower case and at least 1 upper case letter)

\*Confirm Password:

\*Challenge Question 1:

What is the name of your favorite pet?

\*Challenge Response 1:

\*Challenge Question 2:

What is the name of your favorite pet?

\*Challenge Response 2:

\*Challenge Question 3:

What is the name of your favorite pet?

\*Challenge Response 3:

Continue


Cancel

Note: If you have questions or experience problems with the registration process, call 1-800-894-0050.

d. Receive confirmation of successful registration (shown below).

FIS

ebtEDGE<sup>SM</sup>



Cardholder Login

Agency Login


Merchant Login

TPP & Networks Login

Provider Login

Partner Login

Wednesday, May 4, 2011



The online registration process was successfully completed.

Provider Registration Complete

Your online registration process is complete. Click Continue to ebtProvider to access the ebtProvider website.

Continue to ebtMerchant

Log off

**Note:** Providers should call 800-894-0050 if they have any questions during the direct deposit setup process. Once complete, Providers will be all set to receive direct deposit payments for SCCA.

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